

10A NCAC 13S .0326 is proposed for adoption under temporary procedures as follows:

10A NCAC 13S .0326 EMERGENCY BACK-UP SERVICES

(a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to the closest hospital when hospitalization becomes necessary. Emergency case is defined as a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs.

(b) The clinic shall have written protocols, personnel, and equipment to handle medical emergencies as defined above which may arise in connection with services provided by the clinic.

(c) The clinic shall have a written agreement between the clinic and a hospital to facilitate the transfer of patients who are in need of emergency care. A clinic that has documentation of its efforts to establish such a transfer agreement with a hospital that provides emergency services and has been unable to secure such an agreement shall be considered to be in compliance with this Rule.

(d) The clinic shall provide intervention for emergency situations. These provisions shall include:

(1) basic cardio-pulmonary life support;

(2) emergency protocols for:

(A) administration of intravenous fluids;

(B) establishing and maintaining airway support;

(C) oxygen administration;

(D) utilizing a bag-valve-mask resuscitator with oxygen reservoir;

(E) utilizing a suction machine; and

(F) utilizing an automated external defibrillator;

(3) emergency lighting available in the procedure room as set forth in Rule .0212 of this Subchapter;

and

(4) ultrasound equipment.

History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.